

The W.A.V.E. Conflict Resolution Program
MEDIATION REFERRAL FORM©

DATE: On _____

I, _____, request that the following people:

Name	Homeroom	Name	Homeroom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

be referred to mediation for the following reasons:

Signed _____

WINNING AGAINST VIOLENT ENVIRONMENTS PROGRAM

Cleveland Schools Center for Conflict Resolution

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Cleveland, Ohio 44103

Phone (216) 838-9370

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